



2153
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/892,211
		Filing Date	June 25, 2001
		First Named Inventor	Guy A. Story
		Art Unit	2153
		Examiner Name	Dung C. Dinh
Total Number of Pages in This Submission	13	Attorney Docket Number	Technology Center 2100 2541P007C

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> - Check for \$180.00 - Copies of 104 cited references - Return Receipt Postcard </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 22, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Angie C. Farr		
Signature		Date	September 22, 2003



FEETRANSMITTAL for FY 2003

**Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

<i>Complete if Known</i>	
Application Number	09/892,211
Filing Date	June 25, 2001
First Named Inventor	Guy A. Story
Examiner Name	Dung C. Dinh
Group/Art Unit	2153
Attorney Docket No.	2541P007C

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METHOD OF PAYMENT (check all that apply)

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<input type="checkbox"/> Deposit Account				

Deposit
Account
Number 02-2666

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

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Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20

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to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
-1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	31^*	<input type="text"/> X	<input type="text"/> =
Independent Claims	<input type="text"/>	4	<input type="text"/> X	<input type="text"/> =
Multiple Dependent			<input type="text"/> =	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below.*

Complete (if applicable)

Submitted by		Complete (if applicable)		
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone (503) 684-6200
Signature			Date	09/22/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (w/r) 08/11/2003
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Attorney's Docket No. 002541.P007C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of: }
Story, et al. }
Application No.: 09/892,211 }
Filed: June 25, 2001 }
For: PERSONALIZED TIME-SHIFTED }
PROGAMMING }

Examiner: Dung C. Dinh
Art Unit: 2153

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INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Sir:

In accordance with the duty of disclosure, enclosed is a copy of Information Disclosure Statement by Applicant (form PTO/SB/08A), which is being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08A be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s). Copies of the references cited on PTO/SB/08A and are enclosed herewith.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

09/25/2003 MBLANCO 00000011 09892211

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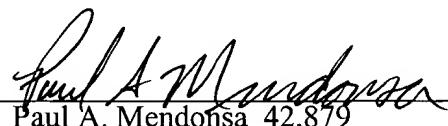
180.00 OP

The fee set in the amount of \$180.00 for submission of the Information Disclosure Statement is enclosed herewith. Please charge any additional fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 9/22/03


Paul A. Mendonsa 42,879

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Angie C. Farr 9.22.03
Signature Date